

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3904

State File No. 1618

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether)
In this community 0
years, months or days

3. (a) PRINT FULL NAME Barbara Ann Baumgartner

3. (b) If veteran, No No name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased Jan. 10 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name William Baumgartner
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Laurette Hynes
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Baumgartner
(b) Address 1047 Veronica Ave

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) FEB 18 1943 (b) J. F. Presnick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 8350
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1047 Veronica Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1943 hour 4 minute 0 a. m.

21. I hereby certify that I attended the deceased from Feb 16
1943, to Feb 16, 1943
that I last saw her alive on Feb 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Oediparic Purpura 4th Shes
Congenital malformation

Due to 157

Other conditions 157
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. J. Mariani (M. D. or other)
Address 5205 Chippewa Date signed Feb 17 43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.